IPDR6702				NORTH CAROLINA	1	PA	GE: 1	
RUN DATE	: 07/04/2005		I	PRS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 07/07/2005				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	5800	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		11	196	CLIENT NOT ELIGIBLE ON SERVICE	1	6139	10451	4312
				DATE				
		8800	56	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
2404004		9500	460	DEBATY NOW COURDED BY COMPANIE				
3404904	WESTERN HIGHLAN DS LME	8599	469	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	396	CLIENT NOT ELIGIBLE ON SERVICE	50	1078	21973	20895
				DATE	30	1070	22373	20033
		191	60	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	11	118	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	9	385	15882	15497
				BENEFIT PACKAGE.				
		8621	49	60 RESIDENTIAL LEVEL III TREAT				
		0021	4.5	MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTYM	11	199	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	23	DETAIL NOT COVERED BY COMBINAT	3	225	3929	3704
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENELT INCARDE.				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	11	18274	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	201112 112122							
		8599	1610	DETAIL NOT COVERED BY COMBINAT	200	0.4770	24000	0071
				ION OF RECIPIENT, PROVIDER AND	1944	24738	34009	9271
				BENEFIT PACKAGE.				
		21	969	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA	8599	370	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	293	CLIENT NOT ELIGIBLE ON SERVICE DATE	12	926	9889	8963
		21	65	DUPLICATE OF CLAIM-SYSTEM				
				JULIAN STREET				
3404917	CENTERPOINT HUM	11	1134	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
				_				
		5308	250	PRIOR AUTHORIZED UNITS EXCEEDE	16	1684	19184	17500
		-		D				
		8599	89	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
					1			

PROVIDER NUMBER							TOTAL	TOTAL
NUMBER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	PAID
								Ī -
3404919	GUILFORD CO MEN	8599	210	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
		8931	72	AMTNC INELIGIBLE TO RECEIVE SE	85	430	7322	6892
				RVICES IN IPRS.	85	430	1322	6892
		11	67	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404920		23	1126	SERVICE REQUIRES PRIOR APPROVA				
3404320	ALAMANCE CASWEL L AREA MH D	23	1120	I.				
	D AREA MILD							
		11	19	CLIENT NOT ELIGIBLE ON SERVICE	0	1146	17042	15896
				DATE				
		101	1.	A A PRIME A PRIME PRIME PARA (***********************************				
	1	191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1			
	1	1		n PALLENT NAME	-			
	1	1	1		+	1		
3404921	ORANGE PERSON C	5312	714	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA		1	DED				
		8599	262	DETAIL NOT COVERED BY COMBINAT	15	1270	11059	9789
				ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
	1	10	5.6	DIACMOSIS OF SERVICE INVESTID F	1			
	1	10	56	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	-			
				DIAGNOSIS, PROCEDURE CODE FOR				
3404922	THE DURHAM CENT	11	744	CLIENT NOT ELIGIBLE ON SERVICE				
	ER			DATE				
		8329	49	CLAIM DENIED ATTENDING PROVIDE	0	837	9183	8346
				R CANNOT BE THE SAME AS				
				THE LMA				
		DEDE	20	CLAIM DENIED DUE TO INSUFFICIE				
		8505	32	NT BUDGET				
				NI BODGEI				
3404923	5 COUNTY MH	11	360	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		23	352	SERVICE REQUIRES PRIOR APPROVA	0	961	4537	3576
	1			L				
	1		1					
	1	21	164	DUPLICATE OF CLAIM-SYSTEM	-			
	-				-			
	+		1					
	1	1						
3404925	SANDHILLS CENTE	23	2910	SERVICE REQUIRES PRIOR APPROVA				
	R FOR MH/DD			L				
							-	
	1							
		8599	297	DETAIL NOT COVERED BY COMBINAT	86	3712	12166	8454
	1		1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	1	1		DENEFIT FACKAGE.	-			
	+	21	105	DUPLICATE OF CLAIM-SYSTEM	1			
	+	1						
	+		1					
3404926	SOUTHEASTERN RE	11	4237	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
		21	174	DUPLICATE OF CLAIM-SYSTEM	13	4514	21550	17036
	1	1			1			
		+	1			1		
			0	ĺ.	1	1	l .	1
		5308	52	PRIOR AUTHORIZED UNITS EXCEEDE				
		5308	52	PRIOR AUTHORIZED UNITS EXCEEDE				
		5308	52					

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M	8622	152	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED				
		8599	132	FOR ADDITIONAL SERVICE. DETAIL NOT COVERED BY COMBINAT	0	615	6434	5819
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	95	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				
				THE LMA				
3404930	JOHNSTON COUNTY	11	4	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		1.57		NO OUR OF THE PARTY OF THE PART				
		167	4	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS	2	10	207	197
				A NEW CLAIM				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8599	794	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	162	CLIENT ID NUMBER DOES NOT MATC	282	1754	23412	21658
				H PATIENT NAME	202	2.04	20122	
		8931	141	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IPRS.				
3404932		0	0	*** NO DATA TO REPORT ***				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	NO DATA TO REPORT				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	11	685	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	6	869	10939	10070
				BENEFIT PACKAGE.				
		191	41	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404934	ONSLOW CARTERET	8599	98	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	BEHAV HEAL			BENEFIT PACKAGE.				
		11	35	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	201	1919	1718
		8621	27	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0					
					0	0	0	0
		21	15	DUPLICATE OF CLAIM-SYSTEM				
3404936	MITTOON ORDERS 14	1 1			+	 		
3404936	WILSON-GREENE M ENTAL HEALT							
3404936								
3404936		8931	8	AMTNC INELIGIBLE TO RECEIVE SE	16	36	2437	2401
3404936		8931	8	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	16	36	2437	2401
3404936			8	RVICES IN IPRS.	16	36	2437	2401
3404936		8931 8932	8		16	36	2437	2401

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGECOMBE NASH	21	555	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8000	32	NO RATE AVAILABLE ON FILE TO P		649	3633	2984
				RICE THIS CLAIM DETAIL		045	3033	2,909
		8599	23	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404020		0500	100	DETAIL NOT COVERED BY COMBINAT				
3404939	NEUSE MENTAL HE	8599	109	ION OF RECIPIENT, PROVIDER AND				
	ALTH CENTER			BENEFIT PACKAGE.				
		11	87	CLIENT NOT ELIGIBLE ON SERVICE	0	237	2513	2276
				DATE				
		8329	19	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404941		8599	1541	DETAIL NOT COVERED BY COMBINAT		1		
~ 10 T > # L	PITT CO MH/DD/S	0000	2772	ION OF RECIPIENT, PROVIDER AND		 		
	AS CENTER			BENEFIT PACKAGE.		 		
						 		
		21	1147	DUPLICATE OF CLAIM-SYSTEM	39	3588	7207	3619
					33	3300	.207	3013
		11	524	CLIENT NOT ELIGIBLE ON SERVICE			-	
				DATE				
3404942		0.3	24	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH	21	34	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
		8931	26	AMTNC INELIGIBLE TO RECEIVE SE	36	100	1714	1614
				RVICES IN IPRS.	50	100	1/14	1014
		11	19	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404943	ALBEMARLE MENTA	11	64	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		21	58	DUPLICATE OF CLAIM-SYSTEM	106	276	2075	2600
					106	376	3075	2699
				+				
						1		
		8931	58	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	21	700	DUPLICATE OF CLAIM-SYSTEM		ļ		
	N SERVICES							
						-		
		11	91	CLIENT NOT ELIGIBLE ON SERVICE		0	3.55	1505
		+-		DATE	36	878	15959	15081
						 		
				+				
		8599	46	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	21	6585	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT					ļ		
		8599	1407	DETAIL NOT COVERED BY COMBINAT		1		
		0033	140/	ION OF RECIPIENT, PROVIDER AND	278	10825	20240	9415
				BENEFIT PACKAGE.				
				- A A A A A A A A A A A A A A A A A A A		 		
		11	1179	CLIENT NOT ELIGIBLE ON SERVICE		 		
		+	1	DATE	1			-

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8599	106	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
	·			BENEFIT PACKAGE.				
		537	22	PROCEDURE IS NOT COVERED FOR T	4	5 220	4132	3912
				HIS DATE OF SERVICE		220	1232	3312
		11	20	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404979	NEW RIVER AREAM	11	193	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	15	DUPLICATE OF CLAIM-SYSTEM		7 216	1457	1241
						, 220	210	
		8935	4	ASTNC INELIGIBLE TO RECEIVE SE		-		
			-	RVICES IN IPRS.				<u> </u>